

## STATE AIR/ARMY SURGEON MEDICAL ELIGIBILITY FORM

The following individual has been screened and is fully qualified to perform Active Duty Special Workday Counterdrug Duty IAW NGR 500-2/ANGI 10-801. No medical waivers are required for this individual. I have reviewed the attached letter and this member has met all standards.

Name of Service Member: \_\_\_\_\_

SSAN: \_\_\_\_\_

UNIT: \_\_\_\_\_

STATE SURGEON AIR/ARMY:

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Name (Printed or Official Stamp)

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Signature

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Date